

## INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION OF IWO

Date: \_\_\_\_\_

Child Support Enforcement (CSE) Agency     Court     Attorney     Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_

Remittance ID (include w/payment) \_\_\_\_\_  
 Order ID \_\_\_\_\_  
 CSE Agency Case ID \_\_\_\_\_

_____ Employer/Income Withholder's Name	RE: _____ Employee/Obligor's Name (Last, First, Middle)
_____ Employer/Income Withholder's Address	_____ Employee/Obligor's Social Security Number
_____ _____	_____ Employee/Obligor's Date of Birth
_____ Employer/Income Withholder's FEIN	_____ Custodial Party/Obligee's Name (Last, First, Middle)
_____ Child(ren)'s Name(s) (Last, First, Middle)	_____ Child(ren)'s Birth Date(s)
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____

**ORDER INFORMATION:** This document is based on the support order from \_\_\_\_\_ (State/Tribe).  
 You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$\_\_\_\_\_ Per \_\_\_\_\_ current child support  
 \$\_\_\_\_\_ Per \_\_\_\_\_ past due child support – **Arrears greater than 12 weeks?**  Yes  No  
 \$\_\_\_\_\_ Per \_\_\_\_\_ current cash medical support  
 \$\_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support  
 \$\_\_\_\_\_ Per \_\_\_\_\_ current spousal support  
 \$\_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support  
 \$\_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_  
 for a **Total Amount to withhold of \$** \_\_\_\_\_ per \_\_\_\_\_.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:  
 \$\_\_\_\_\_ per weekly pay period                      \$\_\_\_\_\_ per semimonthly pay period (twice a month)  
 \$\_\_\_\_\_ per biweekly pay period (every two weeks)                      \$\_\_\_\_\_ per monthly pay period  
 \$\_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold \_\_\_\_\_% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html).

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see [www.acf.hhs.gov/css/employers/employer-responsibilities/payments](http://www.acf.hhs.gov/css/employers/employer-responsibilities/payments).

Include the **Remittance ID with the payment** and if necessary this locator code: \_\_\_\_\_

<b>Remit payment to</b> _____ (SDU/Tribal Order Payee) at _____ (SDU/Tribal Payee Address)
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**Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with section 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law: _____
Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

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### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Payments to SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. \_\_\_\_\_

**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. \_\_\_\_\_

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673(b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:** Oregon withholders for additional information, see the attached "Information for Withholders in Oregon". \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known telephone number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

Last known address: \_\_\_\_\_

Final payment date to SDU/Tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)

by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: \_\_\_\_\_

Send termination/income status notice and other correspondence to: \_\_\_\_\_

\_\_\_\_\_ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (issuer name)

by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: \_\_\_\_\_

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The OMB Expiration Date, 8/31/2020, has no bearing on the termination date of the IWO. The date identifies the version of the form currently in use.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

## Information for Withholders in Oregon

### What Definitions Are Important for Me to Know?

**Obligor:** An individual who is liable under a support order. In this document, the obligor is the employee named on page 1. [ORS 110.503]

**Income:** An amount in the possession of a third party owed to an obligor that is more than \$4.99 after subtracting the monthly processing fee (no more than \$5/month). [ORS 25.010] Income may include:

- compensation or payment paid or payable for personal services labeled as wages, salary, commission, bonus or other terms;
- periodic payments from a pension or retirement program;
- cash dividends from stocks, bonds or mutual funds;
- interest payments and periodic payments from a trust account;
- any program or contract to provide substitute wages during times of unemployment or disability;
- amounts owed to independent contractors.

**Disposable income:** The income remaining after legally required deductions from gross income. [ORS 25.010] Do not deduct the following payments from gross income to determine disposable income:

- child support or spousal support payments;
- costs of medical or dental insurance premiums;
- additional tax deductions;
- voluntary deductions such as advance draws, credit union payments, stock purchase plans, savings bond deductions, wage assignment, or repayment of debt to employer. [ORS 25.010]

**Lump sum payments:** Any payment or benefit such as retirement plan payments or withdrawals, insurance payments or settlements, commission payments, severance pay, bonus payments or any other similar payments or benefits that are not paid at least monthly. [OAR 137-055-4060]

**Periodic recurring income:** Income that is intended to be received at least monthly on a regular basis. [OAR 137-055-4060]

**Employer:** Any entity or individual who hires an individual to work or provide services for periodic payment. [ORS 25.010]

**Withholder:** Any person who pays income. This could be an employer, conservator, trustee or insurer of the obligor. [ORS 25.010]

**Electronic Funds Transfer (EFT):** The transfer of funds by non-paper means, usually through a payment system like an automated clearinghouse. [ORS 293.525]

### Common Questions and Answers About Withholding

#### When must I start withholding for child support?

You must start withholding no later than the first pay period occurring five (5) days after the date of the Income Withholding Order/Notice for Support (IWO). However, if on the date you receive the IWO, you have already calculated the payroll for the pay period and prepared the paycheck or submitted a deposit for that payroll, you will start withholding no later than the second pay period which occurs after the date of the IWO. [ORS 25.411]

#### How long does this order last?

This order stays in effect until you receive another notice from us. [ORS 25.408]

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**What if an obligor has more than one withholding or garnishment?**

Under Oregon law a child support withholding order has priority over any other legal process against the same income. When you comply, you cannot be held liable to the obligor or any other person for wrongful withholding. [ORS 25.375; ORS 25.424]

Withholding for the IWO might reduce or eliminate other payments under a writ of continuing garnishment including State tax garnishments. You may want to contact the entity that sent the garnishment for further instructions. [ORS Ch. 18]

**How should I send child support payments?**

Oregon employers and employers with registered agents in Oregon who are required to remit support payments to the Department of Justice (DOJ) must remit child support payments by Electronic Funds Transfer (EFT). [OAR 137-055-5035]

**What if I need to send child support payments to Oregon for more than one obligor?**

You may combine amounts from more than one obligor's incomes in a single payment to the Department of Justice (DOJ). You must include a list that identifies the payment for each obligor and includes each obligor's name, case identifier(s), date the payment was withheld. [ORS 25.411]

**What if I do not withhold support in a certain month?**

If you do not withhold support in any month, you must notify DOJ of the reason on the date you would normally send a payment. This includes when the obligor is injured on the job or is receiving any disability income. [ORS 25.421]

**If I stop paying an obligor, what must I do?**

You must notify DOJ promptly when the obligor stops receiving income from you for any reason (termination, layoff, military leave or leave without pay, for example). You must provide the obligor's last known address. If you know it, you must also provide the name and address of the obligor's new employer or source of income. [ORS 25.421]

**Do I have to withhold from lump sum payments?**

If the obligor will receive a lump sum payment or benefit, you may be required to withhold from that income. This withholding may not exceed 50% of the disposable amount of lump sum payment or benefits. If you are paying out a lump sum payment or benefit, contact the Employer Services Central Unit (ESCU). [ORS 25.414]

**What are the penalties for not following this order?**

If you do not follow the requirements of the IWO or provide an explanation, we may begin legal action against you. The court may find you in contempt and bring sanctions against you. You may be held personally liable for the amounts you failed to withhold. In addition, the court may fine you, charge attorney fees, or may order you to pay damages. You may be assessed other civil penalties if you fail to obey. [ORS 25.424; ORS 652.610; ORS 652.900]

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Where do I find the withholding limits if my business and the obligor are not in Oregon?**

If you are an employer who is doing business outside of Oregon and the obligor is not working in Oregon, the other state's withholding limits are listed at:

[www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements)

**How do I withhold from obligors receiving Federal Disability benefits or Black Lung benefits?**

If the withholding is for past due support only the obligor must be left with disposable income of at least 160 times the hourly Federal Minimum Wage (FMW) per month. This may result in a withholding that is less than the total monthly amount on the order. The FMW calculation only applies to the following types of federal disability benefit payments:

- Disability benefits from the United States Social Security Administration;
- Black Lung benefits from the United States Department of Labor; or
- Disability benefits from the United States Department of Veterans' Affairs

**Who can help me with my questions?**

Contact the ESCU by phone at 1-866-907-2857 or by fax at: 1-877-877-7416, or you can visit our website at [www.oregonchildsupport.gov](http://www.oregonchildsupport.gov).